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Bib Data Sheet

CONFIRMATION NO. 8425

<b>SERIAL NUMBER</b> 09/649,478	<b>FILING OR 371(c) DATE</b> 08/28/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2665	<b>ATTORNEY DOCKET NO.</b> 99144
<b>APPLICANTS</b> Ward M. Chewning III, Lawrenceville, GA; Fariborz Behi, Dunwoody, GA; Martin Alan Cooper, Dunwoody, GA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/151,120 08/27/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/18/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 41	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 33939				
<b>TITLE</b> Methods and systems of network management				
<b>FILING FEE RECEIVED</b> 1356	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/649,478	<b>FILING DATE</b> 08/28/2000 <b>RULE</b> _	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2664	<b>ATTORNEY DOCKET NO.</b> 36968/194346
<b>APPLICANTS</b> Ward M. Chewing, Lawrenceville, GA ; Fairborz Behi, Dunwoody, GA ; Martin Alan Cooper, Dunwoody, GA ;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/151,120 08/27/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/18/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 41	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 23370				
<b>TITLE</b> Methods and systems of network management				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	